

**TOOLS FOR IMPLANTING AN ARTIFICIAL VERTEBRAL  
DISK AND METHOD**

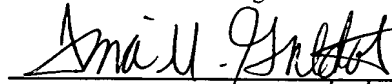
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# **TOOLS FOR IMPLANTING AN ARTIFICIAL VERTEBRAL DISK AND METHOD**

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## **CLAIM OF PRIORITY**

**[0001]** This application claims priority to U.S. Provisional Application No. 60/422,011, filed on October 29, 2002, entitled "TOOLS FOR IMPLANTING AN ARTIFICIAL VERTEBRAL DISK AND METHOD" (Attorney Docket No. KLYC-01065US2).

## **CROSS-REFERENCE TO RELATED APPLICATIONS**

**[0002]** This application is related to U.S. Provisional Patent Application No. 60/422,039, filed October 29, 2002, entitled "ARTIFICIAL VERTEBRAL DISK REPLACEMENT IMPLANT WITH TRANSLATING PIVOT POINT AND METHOD" (Attorney Docket No. KLYCD-05007US0), U.S. Patent Application No. 10/\_\_\_\_, filed October 14, 2003, entitled "ARTIFICIAL VERTEBRAL DISK REPLACEMENT IMPLANT WITH TRANSLATING PIVOT POINT AND METHOD" (Attorney Docket No.: KLYCD-05007US1), U.S. Provisional Patent Application No. 60/422,021, filed October 29, 2002, entitled "ARTIFICIAL VERTEBRAL DISK REPLACEMENT IMPLANT WITH CROSSBAR SPACER AND METHOD" (Attorney Docket No. KLYCD-05008US0), U.S. Patent Application No. 10/\_\_\_\_, filed October 14, 2003, entitled "ARTIFICIAL VERTEBRAL DISK REPLACEMENT IMPLANT WITH CROSSBAR SPACER

AND METHOD" (Attorney Docket No. KLYCD-05008US1), U.S. Provisional Patent Application No. 60/422,022, filed October 29, 2002, entitled "ARTIFICIAL VERTEBRAL DISK REPLACEMENT IMPLANT WITH A SPACER AND METHOD" (Attorney Docket No. KLYCD-05010US0), and U.S. Patent Application No. 10/\_\_\_\_, filed October 14, 2003, entitled "ARTIFICIAL VERTEBRAL DISK REPLACEMENT IMPLANT WITH A SPACER AND METHOD" (Attorney Docket No. KLYCD-05010US1), all of which are incorporated herein by reference.

#### **FIELD OF THE INVENTION**

**[0003]** This invention relates to tools for preparing vertebral bodies in the spine for the implantation of an artificial vertebral disk replacement and related method. This invention also relates to an artificial vertebral disk replacement, a method of operation, and a method of implanting.

#### **BACKGROUND OF THE INVENTION**

**[0004]** As the present society ages, it is anticipated that there will be an increase in degenerative and dysfunctional spinal disk conditions. Pain associated with such disk conditions can be relieved by medication and/or surgery.

**[0005]** Over the years, a variety of intervertebral implants have been developed in an effort to relieve the pain associated with such degenerative and dysfunctional disk conditions. For example, U.S. Patent 4,349,921 to Kuntz discloses an intervertebral disk prosthesis. The Kuntz prosthesis is designed to restore the space between the disks.

**[0006]** U.S. Patent 4,714,469 to Kenna discloses a spinal implant that fuses vertebrae to the implant. The implant has a rigid body that fits between the vertebrae with a protuberance extending from a vertebral contacting surface and into the vertebral body.

**[0007]** U.S. Patent 5,258,031 to Salib et al. discloses another prosthetic disk with a ball that fits into a socket.

**[0008]** U.S. Patents 5,425,773 and 5,562,738 are related patents to Boyd et al. that disclose a disk arthroplasty device for replacement of the spinal disk. A ball-and-socket are provided to enable rotation.

**[0009]** U.S. Patent 5,534,029 to Shima discloses an articulated vertebral body spacer with a pair of upper and lower joint pieces inserted between the vertebrae. An intermediate layer is provided to allow for movement between the upper joint piece and the lower joint piece.

**[0010]** U.S. Patent 5,782,832 to Larsen et al. discloses a two-piece ball-and-socket spinal implant with upper and lower plates for insertion within the intervertebral space.

**[0011]** U.S. Patent 6,156,067 to Bryan et al. discloses a prosthesis having two plates with a nucleus therebetween.

**[0012]** None of these solutions provide an implant that restores a wide range of natural movement.

**[0013]** Accordingly, what is needed is an implant for alleviating such conditions and that restores natural movement.

### **SUMMARY OF THE INVENTION**

**[0014]** The present invention includes embodiments that are directed to a set of tools used to implant an intervertebral disk replacement, and a method of placing the implant between vertebral bodies of the spine. A first tool is provided for use in preparing the vertebral bodies for the implant. A second tool is provided for installing the implant between the vertebral bodies.

**[0015]** Other aspects, objects, features, and elements of the other embodiments of the invention are described or are evident from the accompanying specification, claims and figures.

## **BRIEF DESCRIPTION OF THE DRAWINGS**

**[0016]** FIG. 1A is a posterior view of an embodiment of the assembled implant of the invention. FIG. 1B is a cross-section of the device shown in FIG. 1A. FIG. 1C is a posterior view of two bottom plates of the implant of the embodiment of the invention. FIGS. 1D and 1E are posterior views of the embodiment of the implant of the invention shown in FIG. 1A illustrating the operation of the device in bending to the left and bending to the right, respectively.

**[0017]** FIG. 2A is a side view of the implant of FIG. 1A showing the implant in flexion. FIG. 2B is a side view of the implant showing the implant in extension. FIG. 2C is a partial cross-sectional view of a side view of the implant of an embodiment of the invention. FIG. 2D is a partial cross-sectional view of an alternative embodiment of the implant of the invention having a protuberance adjacent the socket.

**[0018]** FIG. 3A is a top view of a portion of an embodiment of the assembled implant of the invention. FIG. 3B is a top view of an embodiment of the implant of the invention showing a rotation to the right. FIG. 3C is a top view of an embodiment of the implant of the invention showing a rotation to the left.

**[0019]** FIG. 4A is a perspective view of a ball portion of the embodiment of the implant of the invention. FIG. 4B is a perspective view of a socket portion of the embodiment of the implant of the invention.

**[0020]** FIG. 5A is a posterior view of the embodiment of the implant of the invention after being implanted between two vertebral bodies. FIG. 5B is a side view of the embodiment of the implant of the invention after being implanted between two vertebral bodies.

**[0021]** FIG. 6 is a rear view of an alternate embodiment of the invention having two plates.

**[0022]** FIG. 7A is a top view of an embodiment of a cutting tool of the invention used to prepare the vertebral bodies for the implant. FIG. 7B is a side view of the embodiment of the cutting tool of the invention. FIG. 7C is a distal end view of an embodiment of the cutting tool of the invention. FIG. 7D is a top view of the cutting portion of an alternative embodiment of the cutting tool of the invention showing blade protectors. FIG. 7E is a side view of the cutting portion of an alternative embodiment of the cutting tool of the invention showing the blade protectors.

**[0023]** FIG. 8A is a side view of an embodiment of the implant insertion tool of the invention. FIG. 8B is a top view of the embodiment of the implant insertion tool of the invention. FIG. 8C is a distal end view of the embodiment of the implant insertion tool of the invention. FIG. 8D is a top view of an embodiment of the implant insertion tool holding an embodiment of the implant.

**[0024]** FIG. 9 is a block diagram illustrating the steps of a method for inserting the implant between vertebral bodies.

#### **DETAILED DESCRIPTION OF THE PREFERRED EMBODIMENTS OF THE INVENTION**

**[0025]** The following description is presented to enable any person skilled in the art to make and use the invention. Various modifications to the embodiments described will be readily apparent to those skilled in the art, and the principles defined herein can be applied to other embodiments and applications without departing from the spirit and scope of the present invention as defined by the appended claims. Thus, the present invention is not intended to be limited to the embodiments shown, but is to be accorded the widest scope consistent with the principles and features disclosed herein. To the extent necessary to achieve a complete understanding of the invention disclosed, the specification and drawings of all patents, patent publications, and patent applications cited in this application are incorporated herein by reference.

**[0026]** Turning now to **FIG. 1A**, a posterior view of an intervertebral implant **100** is depicted having a four-piece configuration. Although, as will be appreciated by those of skill in the art, other configurations, such as a two-piece configuration or a three-piece configuration, are possible without departing from the scope of the invention. As depicted, the intervertebral implant **100** has a pair **130** of first plates **110**. Each first plate **110** has a first surface **112** and a second surface **114**. The first surface **112** is configured to abut an end plate surface of a vertebral body. A keel **116** can be provided on the first surface **112** to anchor the first surface **112** into the vertebral body upon implantation. One or more additional protrusions **118** can also be provided that act as a detent or catch, thus providing a further mechanism to prevent the first plate **110** from moving relative to the vertebral body once implanted.

**[0027]** The intervertebral implant **100** also has a pair **132** of second plates **120**. The second plates **120** have a first surface **122** and a second surface **124**. The first surface **122** is configured to abut an end plate surface of a vertebral body. As with the first plate **110**, a keel **126** can be provided on the first surface **122** to anchor the first surface **122** into the vertebral body upon implantation. One or more additional protrusions **128** can also be provided that act as a detent or catch, again providing a further mechanism to prevent the second plate **120** from moving relative to the vertebral body once implanted.

**[0028]** **FIG. 1B** depicts the pair **130** of upper plates **110** and the pair **132** of lower plates **120** in cross-section. Each upper plate **110** has a socket **136** that has a first elongated sidewall **150**, a corresponding second elongated sidewall **152** (shown in **FIG. 3B**), an end wall **154**, and an open end **156**. The open ends **156** of each of the first plates **110** are oriented so that the open ends **156** face each other. The lower plates **120** each have a ball **134**. As illustrated in **FIG. 1B**, the ball **134** is an elongated ball. Each of the plates **110**, **120** has a first end **138**, **141** and a second end **139**, **143**, respectively. The ends **139** of the first plate **110** face each other and the ends

**143** of the second plate **120** also face each other. The ends **138**, **141** are curved and convex, as shown in **FIG. 3A**, so that the implant **100** has a configuration that correlates to the curved shape of a vertebra.

[0029] As shown in **FIG. 1c**, the ball **134** has four sides: a first elongated sidewall **140**, a second elongated sidewall **142**, a third end wall **144**, and a fourth end wall **146**. The third end wall **144** is flush with the end **143** of the plate **120** of the implant. The third end wall **144** has a profile height **160** and the fourth end wall **146** has a profile height **162**. Comparing the profile heights **160**, **162** to each other at the same point on the second surface **124** of the second plate **120**, the overall profile height of the third end wall **144** is greater than the fourth end wall **146** (i.e.,  $160 > 162$ ). Thus, it is evident that the upper surface **135** of socket **136** slopes downwardly from the end wall **144** to the end wall **146**. Together balls **134** comprise a ball structure that has a high surface where the third end walls **144** abut each other and slope to a lower surface adjacent to fourth end walls **146**. Also, preferably, the upper surfaces **135** are barrel shaped and have a "U" shaped profile along a cross-section that is perpendicular to the page of **FIG. 1c** (parallel the sagittal plane on implantation). The sloping upper surface **135**, as will be explained later, allows the pair **130** of upper plates **110** to easily slide, or rock, side-to-side on the ball structure and slide, or ride, forward and backward with enough looseness of fit to allow for some twisting in order to emulate the motion of the vertebral bone and intervertebral disk tissue. This arrangement, thus, has a sliding or translating pivot point. Further, as indicated in **FIG. 1c**, the edges are eased or rounded to allow for further range of motion of the pair **130** of plates **110** relative to the pair **132** of plates **120**. As will be appreciated by those of skill in the art, the overall height of the third end wall **144** and the fourth end wall **146** can be equivalent while still having an effective third end wall height **160** that is greater than the effective fourth end wall height **162** due to the overall slope of the second surface **124**. Alternatively, the overall height of the third end wall **144** and the fourth end wall **146**, can be different with the third end wall **144** having a height greater than the fourth end wall



**146**, thus eliminating the need for the second surface **124** to have a slope or further increasing the net difference between the height of the third end wall and the fourth end wall.

[0030] Further, although the ball **134** is depicted such that the third end wall **144** is flush with the second end **143**, those of skill in the art will appreciate that the ball **134** could also be configured such that the third end wall **144** was recessed relative to the end **143** of the second plate. In such a configuration, the third end wall **144** and the end **143** would not be flush.

[0031] FIGS. 1D and 1E illustrate posterior views of the implant **100** showing the clearance for left and right lateral bending. Typically, left and right lateral bending ranges from 3-5°. As evident from these figures (and FIG. 1B), the length **L1** of the ball **134** can be less than the length **L2** of the socket **136**. Further, as shown, the open ends **156** of the sockets facilitate movement of the balls **134** within the socket **136** to accommodate side-bending movement.

[0032] FIG. 2A is a side view of the intervertebral implant **100**. The first plate **110** with this socket **136** and the second plate **120** with the ball portion **134** are depicted. As is apparent from the figure, the sloping of the second surface **114** of the first plate **110** facilitates rotation of the ball-and-socket joint in an anterior "A" **280** direction and a posterior "P" **282** direction. As depicted, the second surface **114** slopes from a high point at about where the socket is located to low points at the ends **111** and **113** of the plate **110**. As shown in FIG. 2A, the implant **100** is positioned to achieve flexion **272** (i.e., forward bending) in a range up to about 15°, but more preferably 10°.

[0033] As shown in FIG. 2A, the second plate **120** can also have channels **264**, **265** or a groove adjacent the ball **134**. The channels **264**, **265** can be configured such that it surrounds a portion of the ball **134** or the entire ball **134**. As will be explained below, the channel allows the sides of the ball **134** to be made more perpendicular so as to create a greater blocking wall thus preventing the socket of the upper plate **100** from moving too much anteriorly or posteriorly relative to the lower plate **120**.

[0034] Either one or both of the keels on the first surface **116** and the second surface **126** can have one or more posteriorly pointing teeth **266** to enable it to more securely engage the vertebral body into which it is implanted. As can be seen in **FIG. 2A**, the protrusions **128**, as well as the additional protrusions **118** (**FIG. 1A**) can also have posteriorly pointing teeth in order to lock the implant **100** in position in the vertebrae.

[0035] **FIG. 2B** is an alternate side view of the intervertebral implant **100** wherein the plates **110**, **120** are shown and the ball-and-socket joint is positioned to achieve extension **274** (*i.e.*, backward bending) in a preferable range of up to about 5°.

[0036] **FIG. 2c** is a cross-section of the side view of the intervertebral implant **100** showing the mating of the ball **134** to the socket **136**. **FIG. 2D** illustrates an alternate embodiment of the first plate **110** wherein the socket **136** has ridges **268**, **269** forming a protuberance that extends into the channel **264**, **265** respectively on the second plate **120**. As will be appreciated by those of skill in the art, the protuberances **268**, **269** can extend partially into the channel, such as the configuration shown, or can have a channel conforming shape such that when the ball-and-socket joint are moved to achieve flexion **272** or extension **274** the protuberance or ridge **268**, **269** extends into the channels **264**, **265**. This embodiment allows the surfaces **114** and **115** of the first plate **110** and the second plate **115** to be flat and non-sloping as shown while still allowing for the implant to emulate forward and backward bending and allow for the blocking of the motion of the socket relative to the ball.

[0037] Turning now to **FIG. 3A**, a top view of one-half of the intervertebral implant **100** is shown. Each of the top first plate **110** and the bottom second plate **120** have a bore **376** for receiving a pin of an implant tool. The keel **116** on the first plate **110** is positioned so that it does not align in the same plane with the keel **126** on the second plate **120**. As will be explained in further detail later, the non-alignment allows for the implant

including the keels to be properly positioned between the vertebrae in such a way to accommodate the position of the nerves as the nerves extend out from the between adjacent vertebrae. Additionally, the length of ball **134** from the third end wall **144** to the fourth end wall **146** is shorter than the length of the socket **136** from the end wall **154** to the open end **156** as discussed before.

**[0038]**        **FIGS. 3B and 3C** show the relative rotation of the upper first plate **110** to the lower second plate **120** to achieve rotation about a central axis **378**. This rotation results in about a 3°-6° rotation about the axis (i.e., 3° of torso twisting in each direction).

**[0039]**        **FIG. 4A** shows a perspective view of a second plate **120** of the intervertebral implant **100**. The second surface **124** of the second plate **120** with the ball **134** and channels or grooves **264, 265** extending thereabout. As illustrated in **FIG. 4A**, the channels **264, 265** are formed on two sides of the ball **134**. However, as will be appreciated by those of skill in the art, the channels **264, 265** can alternatively surround the ball **134**.

**[0040]**        **FIG. 4B** shows a perspective view of the first plate **110**. The first plate **110** has a second surface **114**, as described above, and, extending therefrom is the socket **136** therein. The socket **136** of **FIG. 4B** is configured to mate with the ball **134** of **FIG. 4A**, as described above.

**[0041]**        **FIG. 5A** illustrates a posterior view of the implant shown in **FIG. 1A** implanted between vertebral bodies in a spine. **FIG. 5A** illustrates the spinal column **500** and the cauda equina **504** (a collection of lumbar and sacral nerve roots that fill the caudal end of the spinal cord) with individual nerves **506** exiting the cord between lumbar vertebrae. The implant **100** is positioned between two vertebral bodies **520, 521** such that the keels **116, 126** do not interfere with the cauda equina **504** and the exiting nerve **506**. As can be seen in **Fig 5A**, the keel **116** of the upper first plates **110** are close together and inboard of the keel **126** of the lower second plate **120**. This allows the lower keels **126** to be clear of the nerves **506** as the nerves exit from between the adjacent vertebrae.

**[0042]** FIG. 5B illustrates a side view of the implant **100**, such as that shown in FIG. 1A, implanted between vertebral bodies **520**, **521**. The implant **100** is implanted so that the ball-and-socket joint enables about a 5° extension (backward bending) and about a 10° flexion (forward bending). In this view the ball and socket arrangement crosses the centerline **50** of the implant **100** and extends in a posterior **282** direction. In this embodiment, the ball-and-socket arrangement can be more centered on the centerline **50** or extend from a position when the implant **100** crosses the centerline **50** and extends in an anterior **280** direction. Further, in another preferred embodiment, the ball can be approximately bisected by the centerline.

**[0043]** FIG. 6 illustrates a rear view of an alternate embodiment of the implant shown in FIG. 1A. The implant **600** of FIG. 6 is in the form of a two-piece implant **600** having a first plate **610** and a second plate **620**. The first plate **610** has a first surface **612** that contacts the vertebral body and has one or more keels **616** and detents **618** for anchoring the first plate **610** into the vertebral body. The implant **600** also has a second plate **620** that has a first surface **622** that contacts the vertebral body and has one or more keels **626** and detents **628** for anchoring the second plate **620** into the vertebral body. The second surface **614** of the first plate **610** has a socket **632** formed therein while the second surface **624** of the second plate **620** has a ball **630**. This implant **600** moves in much the same way as implant **100** described above.

**[0044]** As will be appreciated by those of skill in the art, implant **100** is predominantly designed for a posterior implantation method. However, implant **100** can also be implanted from an anterior direction. Implant **600** is designed for predominantly an anterior implantation approach.

**[0045]** Further, a combination of the two embodiments shown in FIG. 1A and FIG. 6 can be used to create a three-piece implant as will also be appreciated by those of skill in the art. For example, the first plate **610** of FIG. 6 with its socket **632** can be combined with two-second plates **120** of FIG. 1A to form an implant. Similarly, the second plate **620** of FIG. 6 and its ball

**630** can be combined with two first plates **110** from **FIG. 1A** to achieve an implant. Neither of these configurations depart from the scope of the invention. It is also to be understood that the implant **100, 600** can be comprised of any suitable biocompatible material, such as titanium.

[0046] Turning now to **FIGS. 7** and **8** and the tools for preparing the vertebral bodies and implanting the implant **100** as described. **FIG. 7A** depicts a top view of a cutting tool **700** used to prepare the vertebral bodies for the implant **100** and **FIG. 7B** depicts a side view of tool **700**. The cutting tool **700** has a handle **710** at its proximal end for controlling the tool during operation. As will be appreciated by those of skill in the art, the handle **710** can be removable or affixed to the cutting end.

[0047] The distal end **702** of the tool **700** is forked to form two prongs or tines **705, 706**. The end of each tine **705, 706** has a beveled edge **716** at its distal most end. Each tine **705, 706** also has an inner blade **712** located on an inner upper side and an outer blade **714** located on an outer lower side (shown in **FIG. 7c**). Preferably the inner blades **712** are coplanar with the surface of the inner side of the tine and the outer blades **714** are coplanar with the outer side of the tine. The inner blades **712** are oriented to cut a space in a first intervertebral body for the first surface keel **116** of the implant and the outer blades **714** are oriented to cut a space in the facing intervertebral body for the second surface keel **126**. The orientation of the blades is such that each of the cuts made for the keels of the implant are offset and avoid the nerves in the cauda equina or exiting the cauda equina.

[0048] **FIG. 7c** is a view of the distal end of the cutting tool **700** showing the beveled edges **716** of the tines **705, 706** and the inner blades **712** and outer blades **714**. The distance **722** between the inner blades **712** is less than the distance **724** between the outer blades and the height **h** of the tines approximates the distance between two vertebral bodies or the height of the disk space. The blades **712, 714** extend above and below the tines or the height of the tines. As can be seen in **FIG. 7c**, the beveled sides of the distal

end **716** extend and form at least one of the beveled sides of the blades **712**, **714**.

**[0049]** FIG. 7D depicts an enlarged top view of the tines **705**, **706** of the distal end of cutting tool **700** with the beveled distal edges **716**. FIG. 7E is an enlarged side view of the distal end of cutting tool **700**. FIGS. 7D and 7E show the retractable blade protector **720** for the blade **712** positioned in a retracted position. As the cutting tool is inserted between vertebral bodies, the retractable blade protector **720** moves in a posterior direction **715** (i.e., toward the handle **710**) to expose the inner blade **712** and the outer blade **714** and to enable the blades to cut into the vertebral bodies. These protectors **720** can be spring biased as desired in order to cover the blade **712**, **714** as the tool **700** is inserted past the nerves. The protectors **720** are urged in a posterior direction as the blades **712**, **714** are urged into the vertebral bodies in order to cut channels for the keels. Springs **721** provide the desired bias to keep the protectors **720** in a forward position covering the blades **712**, **718**.

**[0050]** As will be appreciated by those of skill in the art, the tool shown in FIG. 7 can be modified such that instead of cutting keel-receiving channels in the upper and lower vertebral bodies at the same time, two tools are provided so that only one vertebral body is cut for keel-receiving channels at a time. For example, a first tool having two tines as described above could be provided having a pair of inner blades located on an upper surface of the tines. A second tool could be provided having tines as described with a pair of outer blades located on the lower surface of the tines. Optionally, the second tool can have a guide corresponding to the location of the first blade on the first tool to ensure that the second cut is optimally aligned with the first cut. In use, a pair of channels can be cut into the upper vertebral body using the first tool. Thereafter a second pair of channels can be cut into the lower vertebral body. Alternate arrangements are also possible, for example, where the first tool has a pair of outer blades and the second tool has a pair of inner blades, or where the first tool has upper and lower blades on a first tine (e.g., right

tine) and the second tool has upper and lower blades on a second tine (e.g., left tine).

**[0051]** FIG. 8A depicts the implanting tool used to insert the implant **100** of FIG. 1A between vertebral bodies. FIG. 8A is a side view of the implantation tool **800** that has a handle **810** and an implant holder **820**. The implant holder **820** has an implant conforming surface **824** and two pins **822** for holding a first plate **110** and a second plate **120** of a first half of the implant **100**. The conforming surface **824** is curved to follow the convex outer edges **138**, **139** of the plate **100**, **120**, respectively (shown in FIG. 3A). The implant **100** nests within a conforming surface **824** and is held by pins **822**. FIG. 8C shows the distal view of the end of the tool with two pins **822**, **823** for securing the first and second plate of the implant. The tool can be rotated by the user 180° to implant the other half of the implant.

**[0052]** Where an implant such as that shown in FIG. 6 is implanted, the implant conforming surface **824** of the implant tool would have a mirror image conforming surface provided to capture the implant **600**. An additional series of pins, for a total of four, can be provided for holding a first plate **610** and a second plate **620** of the implant **600**, if required. The implant **600** would nest within the conforming surface of the “U” shaped cavity.

**[0053]** A variety of kits can be assembled that include an implant **100** (or **600**) sized for a particular patient. The kit could also include several cutting tools **700** and several implanting tools **800** or a single handle that cooperates with cutting ends **702** and implantation ends **820**.

**[0054]** FIG. 9 is a block diagram showing the steps for implanting an implant. In order to implant the implant of FIG. 1A, the spine is exposed posteriorly **910**. The intervertebral disk to be replaced is either partially or completely removed **920**. The cutting tool **700** is inserted between the vertebral bodies to create channels in the bodies to receive the keels of the implant. Nerves can be retracted and then the implant holder **810** is used to insert the implant between the vertebral bodies **930**, lining the keels up with

the channels created by the cutting tool **700**. Next, the nerves are retracted in the other direction and the other plates **100, 120** are attached to a tool and are implanted. The implant first and second plates **110, 120** are now inserted between the vertebrae, and the keel are placed in the channels prepared by the cutting tool **700**. Once the implant is inserted, the wound is closed **940**.

**[0055]** In order to implant the implant of **FIG. 6**, the spine is exposed anteriorly **910**. The intervertebral disk to be replaced is either partially or completely removed **920**. The cutting tool **700** is inserted between the vertebral bodies to create channels in the bodies to receive the keels of the implant. The implant is then inserted into an implant holder and the implant tool is used to insert the implant between the vertebral bodies **930**, lining the keels up with the channels created by the cutting tool **700**. Once the implant is inserted, the wound is closed **940**.

**[0056]** The foregoing description of embodiments of the present invention has been provided for the purposes of illustration and description. It is not intended to be exhaustive or to limit the invention to the precise forms disclosed. Many modifications and variations will be apparent to the practitioner skilled in the art. The embodiments were chosen and described in order to best explain the principles of the invention and its practical application, thereby enabling others skilled in the art to understand the invention and the various embodiments and with various modifications that are suited to the particular use contemplated. It is intended that the scope of the invention be defined by the following claims and their equivalence.